## BEST AVAILABLE COPY

ļ	M	<b>JLTIPI</b>	LE DEP	ENDE	NT CLA	IM	SERIAL	NO			FILING			
MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								10   339023				FILING DATE		
				FORM			APPLIC	Carri	1000		<u> </u>			
				<del></del>			CLAIMS		<del></del>					
	ASE	II ED ·	AF	TER	· AF	AFTER								
	AS FILED		1" AMENDMENT		2 <sup>™</sup> AMENDMENT			AS F	AS FILED		AFTER		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1	IND.	DEP.				NDMENT	
2			1				51	1	DET.	IND.	DEP.	IND.	DEP	
3				<u> </u>		<u> </u>	52					<del></del>	<b> </b> -	
4				1		<del> </del>	<u>53</u>							
<u>5</u>							55	<del> </del>						
7							56						<del> </del>	
8						<b></b>	<u>57</u> 58							
9							<u> 58</u> 59							
10 11				i			60			<del></del>				
12				,			61		·		-			
13						<del> </del>	62 63	<b> </b>						
14 15				į			64 -		· · · ·					
16							65							
17		•					66	<b> </b>						
18 19							68	<del> </del>	<u></u>					
20							69			<del> </del> -		<del></del>		
21							70 71							
22							$\frac{71}{72}$							
23		[					73			<del></del>				
25		<del></del>				·	74						<del></del>	
26							76	<del>  </del>						
27							77							
29							78							
30							79 80							
31 32							81							
33							82						<u></u>	
34							83 84							
35 36							85	<del></del> -						
37		<del></del>			F	]	86		)				·	
38				╌╌╂			87 88							
39							89						<del></del> -	
40							90							
42				·			91 92							
43							93	<del></del>						
44 45							94				<del></del>  -			
46							95							
47				-			96 97				<u>_</u>	- $T$		
48		,					98							
50				J_			99						<del></del>	
TAL IND.		1	3	且		IL.	100 TOTAL IND.		4				Þ	
TAL DEP.		<b>(au</b>	<u>-3</u>	49		du l	TOTAL DEP		<b>~</b> }		4		4	
TOTAL CLAIMS	10				E		TOTAL	la la			EDOPS OF	Tie.	Carrier and	
		Service All	<u> </u>	20232	13	<b>200</b> 0000	CLAIMS	139	E-17-25	193		i id		